

Yale SCHOOL OF MUSIC

Office of Student Affairs

This form is to be completed by having all teachers of academic and performance classes sign off on the term of absence. With all signatures in place, please submit this form to the Office of the Deputy Dean. Approved absences will be registered and you will be notified by e-mail.

SHORT-TERM ABSENCE
Faculty Certification

P.O. Box 208246
New Haven, CT 06520-8246
T 203 436-8935
F 203 432-2061

courier
Leigh Hall
435 College Street
New Haven CT 06511

Student Name

Date of Submission

Major Teacher

Signature

Reason for Leave

Dates for Short Term Leave

Signatures are required for all courses that you will miss:

Signature

Course

Signature

Course

Signature

Course

Signature

Course

Signature

Course

Approved Denied Returned to student for more information

Signature of Approval

Date

Student notified by e-mail _____
Initial

Date